

## **Request for Overtime**

Date:		Plan Ched	ck #	
Company	y Requesting Ov	ertime:		
			<del> </del>	New Building
				Addition
				T.I.
Phone:				Build-out
Fax No.				
Address	of Job:			
Name of	Job:			
Contractor Name:				
minimum Payment	. <u>This is in addi</u>	tion to our star will be made	ndard plan review fees.	per hour, with a one-hour
		SIGN	ATURE:	
PLOVT BDOPE	Planning Dept Building Dept Architectural Structural Plmb/Mech Electrical Permit Tech.	Hours	_ x \$100.00 per Hr = 	\$
	Total Hours	<del></del>	_ x \$100.00 per Hr =	\$
			Grand Total	<b>¢</b>